



1997 ECONOMIC CENSUS
SPECIALIZED DESIGN SERVICES

OMB No. 0607-0827: Approval Expires 10/31/99

DUE DATE FEBRUARY 12, 1998

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

Please read the accompanying instructions before answering the questions.

Census use		

SV-7303

(Please correct any errors in name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 ☐ Yes 2 ☐ No – Report current EIN below

(9 digits)

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 ☐ Yes 2 ☐ No – Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 ☐ Yes 3 ☐ No legal boundaries
2 ☐ No 4 ☐ Do not know

c. In what type of municipality is this establishment physically located?

096 1 ☐ City, village, or borough
2 ☐ Town or township
3 ☐ Other – Specify
4 ☐ Do not know

d. In what county (e.g., Dade County) is this establishment physically located?

Item 3. OPERATIONAL STATUS

a. How many months during 1997 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.

001 1 ☐ In operation
2 ☐ Temporarily or seasonally inactive
3 ☐ Ceased operation – Give date at right
4 ☐ Sold or leased to another operator – Give date at right AND enter name, etc., below

Figures only

Month

Year

Name of new owner or operator

Number and street

City

State

ZIP Code

Item 4. LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment's legal form of organization during 1997?

Mark (X) only ONE box.

003 1 ☐ Individual owner (sole proprietorship)
2 ☐ Partnership – Mark (X) this box if you file a partnership Federal income tax form.
5 ☐ Government – Specify
0 ☐ Corporation – Mark (X) this box if you file a corporate Federal income tax form, including Subchapter S corporations.
9 ☐ Other – Specify

HOW TO REPORT DOLLAR FIGURES	Dollar figures should be rounded to thousands of dollars. Example: If a figure is \$1,125,628.79 report	Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
	• Preferred	1	126	
	Acceptable	1	125	629

Item 5. DOLLAR VOLUME

OPERATING RECEIPTS of this establishment in 1997

Mil.

010

Thou.

Dol.

Item 6. PAYROLL

Payroll in 1997, BEFORE DEDUCTIONS

a. Annual

030

b. First quarter (January–March)

031

Item 7. EMPLOYMENT

Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees)

032

CONTINUE WITH ITEM 8 ON PAGE 2

[illegible]

If not shown, please enter your 11-digit Census File Number from the address label on page 1

Census File Number

Item 12. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?

1 ☐ Yes – Complete this item

2 ☐ No – Skip to item 13

b. Is this company owned or controlled by another company?

097

1 ☐ Yes →

2 ☐ No

Enter name, address, and EIN of the owning or controlling company

EIN (9 digits)

c. Does this company own or control any other company or companies?

098

1 ☐ Yes →

2 ☐ No

Enter name, address, and EIN of the owned or controlled company

EIN (9 digits)

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1997?

079

Number

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

1	Name	1997	Mil.	Thou.	Dol.
	Number and street	Receipts	081		
	City	State	ZIP Code	Annual payroll	082
	Kind-of-business description	Paid employees for pay period including March 12			
		083			
		Census use088			
2	Name	1997	Mil.	Thou.	Dol.
	Number and street	Receipts	081		
	City	State	ZIP Code	Annual payroll	082
	Kind-of-business description	Paid employees for pay period including March 12			
		083			
		Census use088			
3	Name	1997	Mil.	Thou.	Dol.
	Number and street	Receipts	081		
	City	State	ZIP Code	Annual payroll	082
	Kind-of-business description	Paid employees for pay period including March 12			
		083			
		Census use088			

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.

Item 13. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report

FROM: Mo. Year TO: Mo. Year

Name of person to contact regarding this report – Print or type

Telephone

Area code

Number

Extension

Title

Signature of authorized person

Date

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS